

D Employer identification number	
52-2109035	
E Telephone number	
(202) 463-5590	
F Accounting method	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

H and **I** are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes" enter number of affiliates ▶ _____

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ _____

M Check ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) ☒ 501(c) (6) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

I	Group Exemption Number
M	Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 35,345,777

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)	
1	Revenue
2	Expenses
3	Changes in Net Assets or Fund Balances
4	
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100	

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	34,682,120		
	c	Indirect public support (not included on line 1a)	1c	499,691		
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ <u>35,181,811</u> noncash \$ _____)			1e	35,181,811
	2	Program service revenue including government fees and contracts (from Part VII, line 93) .			2	
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) subtract line 6b from line 6a			6c	
	7	Other investment income (describe ►)			7	
	8a	Gross amount from sales of assets	(A) Securities		(B) Other	
		other than inventory	8a			
	b	Less cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	
	9	Special events and activities (attach schedule) If any amount is from gaming , check here ► <input type="checkbox"/>				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
b	Less direct expenses other than fundraising expenses	9b				
c	Net income or (loss) from special events Subtract line 9b from line 9a			9c		
10a	Gross sales of inventory, less returns and allowances	10a				
b	Less cost of goods sold	10b				
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c		
11	Other revenue (from Part VII, line 103)			11	163,966	
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	35,345,777	
Expenses	13	Program services (from line 44, column (B))			13	
	14	Management and general (from line 44, column (C))			14	
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	
	17	Total expenses Add lines 16 and 44, column (A)			17	38,862,515
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	-3,516,738
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	18,206,805
	20	Other changes in net assets or fund balances (attach explanation)			20	0
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	14,690,067

Part II

Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	817,231		
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	220,000		
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	1,320,657		
27	Pension plan contributions not included on lines 25a, b and c	27			
28	Employee benefits not included on lines 25a - 27	28	542,512		
29	Payroll taxes	29			
30	Professional fundraising fees	30	1,000,000		
31	Accounting fees	31	24,100		
32	Legal fees	32			
33	Supplies	33	45,595		
34	Telephone	34	22,488		
35	Postage and shipping	35	24,893		
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38	67,778		
39	Travel	39	202,110		
40	Conferences, conventions, and meetings	40	56,382		
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42			
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	38,862,515		













Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ☐ **Yes** ☐ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs \$ _____, **(ii)** the amount allocated to Program services \$ _____, **(iii)** the amount allocated to Management and general \$ _____, and **(iv)** the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?  Promotes civil justice reform through legislative, political, judicial, and educational activities at both the national and local levels	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a Create and maintain public support for legal reform, including building alliances with groups and organizations to advance the legal reform agenda (Grants and allocations \$) If this amount includes foreign grants, check here  	
b Research on the impact of the legal system on the economy (Grants and allocations \$) If this amount includes foreign grants, check here  	
c Ensure enactment of common sense legal reform legislation and promote the selection of pro-legal reform judges and other public officials (Grants and allocations \$) If this amount includes foreign grants, check here  	
d _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here  	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here  	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . 	

Part IV Balance Sheets (See the instructions.)

Note:			Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A)		(B)
					Beginning of year		End of year
Assets	45	Cash—non-interest-bearing				45	500,000
	46	Savings and temporary cash investments				46	
	47a	Accounts receivable	47a	6,560,834			
	b	Less allowance for doubtful accounts	47b		12,184,206	47c	6,560,834
	48a	Pledges receivable	48a	7,863,426			
	b	Less allowance for doubtful accounts	48b	375,000	5,861,505	48c	7,488,426
	49	Grants receivable				49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a	Other notes and loans receivable (attach schedule)	51a	2,261,003			
	b	Less allowance for doubtful accounts	51b		2,097,037	51c	2,261,003
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			10	53	10
	54a	Investments—publicly-traded securities	<input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV			54a	
	b	Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
55a	Investments—land, buildings, and equipment basis	55a					
b	Less accumulated depreciation (attach schedule)	55b			55c		
56	Investments—other (attach schedule)				56		
57a	Land, buildings, and equipment basis	57a					
b	Less accumulated depreciation (attach schedule)	57b			57c		
58	Other assets, including program-related investments (describe <input checked="" type="checkbox"/> _____)				58		
59	Total assets (must equal line 74) Add lines 45 through 58			20,142,758	59	16,810,273	
Liabilities	60	Accounts payable and accrued expenses			1,935,953	60	2,120,206
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe <input checked="" type="checkbox"/> _____)				65	
	66	Total liabilities Add lines 60 through 65			1,935,953	66	2,120,206
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted			9,922,768	67	4,635,064
	68	Temporarily restricted			8,284,037	68	10,055,003
	69	Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)			18,206,805	73	14,690,067
	74	Total liabilities and net assets / fund balances Add lines 66 and 73			20,142,758	74	16,810,273

Part IV-A

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	36,249,028
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	903,251
	Add lines b1 through b4	b	903,251
c	Subtract line b from line a	c	35,345,777
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	903,251
e	Total revenue (Part I, line 12) Add lines c and d	e	35,345,777

Part IV-B

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	39,637,231
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	774,716
	Add lines b1 through b4	b	774,716
c	Subtract line b from line a	c	38,862,515
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	38,862,515

Part V-A

Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A		Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	41			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b			No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c	Yes		
d	Does the organization have a written conflict of interest policy?	75d	Yes		

Part V-B

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Stan Anderson 1615 H ST NW Washington, DC 20062	0	220,000	0	0

Part VI		Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76			No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77			No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a			No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b			
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79			No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	Yes		
b	If "Yes," enter the name of the organization See Additional Data Table _____and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt				
81a	Enter direct or indirect political expenditures (See line 81 instructions)	81a	13,084,860		
b	Did the organization file Form 1120-POL for this year?	81b	Yes		

Part VI

Other Information (continued)

Yes

No

82a

Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?

82a

No

b

If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)

82b

83a

Did the organization comply with the public inspection requirements for returns and exemption applications?

83a

Yes

b

Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b

Yes

84a

Did the organization solicit any contributions or gifts that were not tax deductible?

84a

Yes

b

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

Yes

85

501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?

85a

No

b

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85b

No

If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year.

c

Dues assessments, and similar amounts from members

85c

31,952,120

d

Section 162(e) lobbying and political expenditures

85d

27,011,712

e

Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e

24,463,781

f

Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f

2,547,931

g

Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

85g

No

h

If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?

85h

Yes

86

501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12

86a

b

Gross receipts, included on line 12, for public use of club facilities

86b

87

501(c)(12) orgs. Enter a Gross income from members or shareholders

87a

b

Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

87b

88a

At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX

88a

Yes

b

At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes, complete Part XI

88b

Yes

89a

501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955

b

501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction

89b

c

Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

0

d

Enter Amount of tax on line 89c, above, reimbursed by the organization

e

All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

89e

f

All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?

89f

No

g

For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

89g

No

90a

List the states with which a copy of this return is filed DC

b

Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)

90b

0

91a

The books are in care of Stan M Harrell Telephone no (202) 463-5590

1615 H ST NW

Located at Washington, DC ZIP + 4 20062

b

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

91b

No

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Part VII

Other Information (continued)

c

At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

No

If "Yes," enter the name of the foreign country

92

Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

Part VII

Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a						
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments					
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	non debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a Interest on loan receivable			14	163,966	
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))				163,966	
105	Total (add line 104, columns (B), (D), and (E))					163,966

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

Part IX

Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
Madison County Record 301 N Main St Edwardsville, IL62025 20-1452063	10000 00 %	Newspaper publishing on legal reform issues	120,515	40,063
	%			
	%			
	%			

Part X

Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a)

Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

No

(b)

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

No

NOTE:

If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*



106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
		Yes	





	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				735,000

107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
		Yes	

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				499,691

108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No
			No

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
			2007-11-09
	Signature of officer		Date
	 Stan M Harrell SVP, CFO & CIO		
	Type or print name and title		

Paid Preparer's Use Only	Preparer's signature  Jennifer Rhoderick	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4  Ernst and Young			EIN 
	5451 Lakeview Parkway South Drive Indianapolis, IN 46268			Phone no.  (317) 280-3472

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2006 Compensation
Schedule**

Name: US Chamber Institute for Legal Reform
EIN: 52-2109035

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
Thomas Donohue	Chamber of Commerce of the USA	53-0045720	Affiliate with common management	3,256,685	30,687	0	
Stan Anderson	Chamber of Commerce of the USA	53-0045720	Affiliate with common management	0	0	0	The US Chamber of Commerce paid \$486,978 to Stan Anderson PC 300 S Ocean Blvd Suite 3-C, Palm Beach, FL 33480 for various services provided by this individual and other support The organization is not privy to the exact amount of the compensation paid to the individual
Stan Harrell	Chamber of Commerce of the USA	53-0045720	Affiliate with common management	316,217	29,015	0	
Judy Richmond	Chamber of Commerce of the USA	53-0045720	Affiliate with common management	178,577	12,509	0	
Robin Conrad	National Chamber Litigation Center	52-1085809	Affiliate with common management	247,318	24,657	0	

TY 2006 Other Expenses Included Schedule

Name: US Chamber Institute for Legal Reform

EIN: 52-2109035

Description	Amount
Expenses from Affiliates	774,716

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Other Notes/Loans
Receivable Long Schedule

Name: US Chamber Institute for Legal Reform
EIN: 52-2109035

Borrower's Name	Relationship to Insider	Original Amount of Loan	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
Chamber of Commerce of the USA	Affiliate with common management		2,261,003	2005-03		Payable on demand	785 00 %	Available line of credit from Mercantile Safe Deposit and Trust Company	Working Capital Line of Credit at Libor plus 2 5% 12/31 rate 7 85%	Cash \$2,261,003	2,261,003

TY 2006 Other Revenues Included Schedule

Name: US Chamber Institute for Legal Reform

EIN: 52-2109035

Description	Amount
Revenues from Affiliates	903,251

Exempt Organization Declaration and Signature for
Electronic Filing

OMB No. 1545-1879

For calendar year 2006, or tax year beginning _____, 2006, and ending _____ 20

2006

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions.

Name of exempt organization

US Chamber Institute for Legal Reform

Employer identification number

52-2109035

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	35345777
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1 888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign
Here

Signature of officer

Date

SVP, CFO & CIO
Title**Part III** Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's
Use
OnlyERO's
signatureFirm's name (or
yours if self-employed),
address, and ZIP code

Date

Check if
also paid
preparer ☐Check
if self-
employed ☐

ERO's SSN or PTIN

81613

EIN

Phone no

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid
Preparer's
Use OnlyPreparer's
signatureFirm's name (or
yours if self-employed),
address, and ZIP code

Date

Check
if self-
employed ☐

Preparer's SSN or PTIN

Ernst and Young

11-8-07

34-6565596

5451 Lakeview Parkway South Drive
Indianapolis, IN 46268

Phone no

317-280-3472

Additional Data

Software ID:
Software Version:
EIN: 52-2109035
Name: US Chamber Institute for Legal Reform

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Advertising	43a	4,202,766			
b Research consulting	43b	2,090,678			
c Policy consulting	43c	8,140,746			
d Administrative support services	43d	150,149			
e Contributions to others	43e	15,594,566			
f Contributions to affiliates	43f	2,997,085			
g Temp salaries	43g	42,779			
h Bad debt expense	43h	1,300,000			

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Thomas Donohue 1615 H ST NW Washington, DC 20062	Chief Executive Officer 1 00	0	0	0
Lisa Rickard 1615 H ST NW Washington, DC 20062	President 40 00	783,611	33,620	0
Stan Harrell 1615 H ST NW Washington, DC 20062	Treasurer 1 00	0	0	0
Judy Richmond 1615 H ST NW Washington, DC 20062	Secretary 1 00	0	0	0
Robin Conrad 1615 H ST NW Washington, DC 20062	Assistant Secretary 1 00	0	0	0
Mr Patrick S Baird 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Mr Andrew A Barnard 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Mr Charles Barr 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Mr Steve Bartlett 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Mr James B Buda 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Mr Nicholas E Calio 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Ms Naomi G Camper 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Mr John Castellani 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Mr Brackett B Denniston III 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Mr Thomas J Donohue 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Mr Dwight H Evans 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Mr Charles W Gerdts III 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Thomas M Gorrie PhD 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Mr Thomas A Gottschalk 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Mr Joseph F Haggerty 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Mr Gerald M Howard 1615 H ST NW Washington,DC 20062	Director 1 00	0	0	0
Mr Louis L Hoynes 1615 H ST NW Washington,DC 20062	Director 1 00	0	0	0
Mr Thomas D Hyde 1615 H ST NW Washington,DC 20062	Director 1 00	0	0	0
Mr Francis A Keating II 1615 H ST NW Washington,DC 20062	Director 1 00	0	0	0
Mr Kent Knutson 1615 H ST NW Washington,DC 20062	Director 1 00	0	0	0
Ms Connie Lewis-Lensing 1615 H ST NW Washington,DC 20062	Director 1 00	0	0	0
Mr Jeffrey E Livingston 1615 H ST NW Washington,DC 20062	Director 1 00	0	0	0
Mr David J Lubben 1615 H ST NW Washington,DC 20062	Director 1 00	0	0	0
Michael Maves MD 1615 H ST NW Washington,DC 20062	Director 1 00	0	0	0
Mr Timothy J Mayopoulos 1615 H ST NW Washington,DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Mr Michael J Mick McCabe 1615 H ST NW Washington,DC 20062	Director 1 00	0	0	0
Ms Lisa A Rickard 1615 H ST NW Washington,DC 20062	Director 1 00	0	0	0
Mr Edward B Rust Jr 1615 H ST NW Washington,DC 20062	Director 1 00	0	0	0
Ms Laura J Schumacher 1615 H ST NW Washington,DC 20062	Director 1 00	0	0	0
Mr D Bruce Sewell 1615 H ST NW Washington,DC 20062	Director 1 00	0	0	0
Mr Samuel K Skinner 1615 H ST NW Washington,DC 20062	Director 1 00	0	0	0
Mr Martin J Sullivan 1615 H ST NW Washington,DC 20062	Director 1 00	0	0	0
Ms Mary H Terzino 1615 H ST NW Washington,DC 20062	Director 1 00	0	0	0
Mr Mark Treanor 1615 H ST NW Washington,DC 20062	Director 1 00	0	0	0
Mr James Turley 1615 H ST NW Washington,DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Mr Allen P Waxman 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
National Chamber Litigation Center	X	
National Chamber Foundation	X	
Chamber of Commerce of the USA	X	
Institute for a Competitive Workforce	X	
Coalition for Reform	X	
US Chamber Foundation for Legal Reform	X	
Business Civic Leadership Center	X	
National Mass Action Defense Reform Coalition	X	
Madison County Record		X